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Female VO:

The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is The Road to Recovery 2016: Generational Issues Affecting Recovery: From Childhood to Grandparenthood.

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the Road to Recovery. Today we'll be talking about generational issues related to recovery from childhood to grandparenthood. Joining us in our panel today are: Dr. Steven J. Wolin, Clinical Professor of Psychiatry at the George Washington University School of Medicine and Health Sciences, Washington, D.C.; Dr. Tian Dayton, Director of the New York Psychodrama Training Institute, Author and Huffington Post Blogger, New York, New York; Cynthia Moreno Tuohy, Executive Director at the Association for Addiction Professionals and Author, Alexandria, Virginia; Dr. Tony Dekker, Primary Care and Telemedicine Physician at the Northern Arizona Veterans Administration Healthcare System, Flagstaff, Arizona.

So Cynthia, why is it important to talk about generational issues when we're talking about the issues of mental and substance use disorders within families?

Cynthia:

It's very important to talk about this because families have been reticent about talking about their family history. Sometimes they don't know it. They know that there's something there, they're not exactly sure what it is. There's family secrets, there's embarrassment, they're not sure what was wrong or what was happening in the family. They knew something wasn't quite right. So the more that we start talking about what we know about our family history, about who had mental illness, who had addiction, alcohol or drug problems, the more that we can then start sorting it and understand how that has affected us and what we need to be aware for ourselves so that we're not recreating those generational patterns.

Ivette:

How large and how broad is this problem? How many children are affected in the United States?

Cynthia:

It's about 12.9% which means about 8.3 million children in the United States.

Ivette:

And Steven, Can you describe for us please what are some of the characteristics of families experiencing generational behavioral health issues?

Steven:

Yes, I can. I want to start though by congratulating SAMHSA on taking this issue of the generational question because it's probably the first time that I can remember that in a discussion like this we're starting with families. Everyone in the family is affected whether they are the substance abuser, the parent, the child, the grandparent. Everyone is affected by it. Many of them have stress disorders, anxiety disorder, many of them have been acting out behaviorally, but everyone is affected. And also, everyone has a story to tell. Everyone can bring their particular angle, their narrative to the clinical setting to tell you, me, the clinician, what the problem is.

Ivette:

Tony, what does research tell us about the reasons why generations experience mental and substance use disorders?

Tony:

Ivette, I think one of the things that's important to understand is that behavior is genetic and it's nurture, what happens to us. We do know with traumas that are experienced by our ancestors, it changes our genetic process. We pass those genes on and there have been some very good studies looking at intergenerational trauma, for instance, the American Indian population. Also in the Jewish community that went through the Holocaust experience. So we know that there's a change in the trajectory that people have, the offspring of people who have significant trauma. There's also very good research that shows that childhood traumas are cumulative. That one trauma can add on to the experience of another trauma and as we keep adding those on, we increase the likelihood of a higher burden of illness. And it's not just to substance abuse. It's to a wide variety of events. So research shows us that. The term that's being used is epigenetics.

Ivette:

Epigenetics. And that stands for?

Tony:

The change in your gene structure based on experiences that your ancestors have had.

Ivette:

Tian, what is the impact of growing up in a family with a parent who has a mental or substance use disorder?

Tian:

Well, kids are at the short end of the power stick, so if you picture the family where the people in charge of it have a mental issue or a substance abuse disorder, the children are small, the parents are big. The children have the keys to the house, they have the keys to the car, they have the bankbook. The kids are trapped in a

sense; being trapped, being one of the big precursors of PTSD. They can't get out. So everything that happens for them is in surround sound. There's a raging parent, there's an ignoring parent. The child is suffering in that home and can't do much about it. The ameliorating factors that would build resilience lie in what you'd think of obviously a parent, a neighbor, an extended family member, a neighbor, any school. But while they are trapped and while they cannot act on their own initiative to make their life better, what's coming down, what's raining down on their heads is frightening them and it's frightening them more because of their lack of resources. And when a child is traumatized, when anybody is traumatized, the thinking mind shuts down and the limbic system goes into high alert as part of the fight-flight response. So when a kid is scared within the home, their body is recording everything that's happened. They're hearing it, they're seeing it, they're feeling it but their thinking mind is not really making a good narrative out of it. It's not making sense out of it and putting it into the context of their overall life, so they're just stuck with a whole bunch of pain that gets triggered later when they have families of their own.

Ivette:

Well, when we come back, we're gonna continue to dialog about these issues. We'll be right back.

[Music]

Male VO:

Your path to recovery isn't like mine.

Female VO:

You have your own struggles with mental health issues

Male VO:

Your own challenges with substance use disorders

Female VO:

You also have your own abilities and strengths

Male VO:

But when you need a hand

Female VO:

Reach out, until you find one

Female VO:

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

Female VO: Ivette Torres

Ivette:

So, Steven, we've talked a little bit about the trauma in the family. Why don't we really begin to address now, what are some of the protective experiences or characteristics that boost resiliency among children whose parents experience mental or substance use disorders?

Steven:

So children are affected. They can be affected in ways that produce positive coping mechanisms, resilience in themselves. They may turn to a teacher, for example, or a minister in their church or a grandparent, and that develops a strength in them that they can do better than they've done before just interacting with their family members. But at the same time they can be seriously affected negatively. So you have protective factors which help children— So you have the school, you have the church, you have the community center, you have the grandparent, healthy grandparents. These are all protective factors for which there's a lot of research now to say that this is what adds the positive side of the story, the strength side of the story.

Ivette:

Thank you. Tony, you've dealt a lot with military families. Let's talk a little bit about in their particular case with post-traumatic stress disorder. How do these children begin to get help? What types of interventions can families look to, particularly military families, in addressing these concerns?

Tony:

In the military setting it's interesting because kids who I saw, typically late children and adolescents who got into trouble had a distant relationship with the deployed parent geographically, obviously, but you can't really parent well through Skype. It's difficult to do that but in situations where there is grandparents, neighbors, other loving adults providing the structure and care for that child, it decreases their overall risk. So we have the genetic side, we have the nurture side which is what we end up helping happen, so if we can facilitate that process to help kids get the things that they need, and the key is everybody doesn't need the same thing. So the person who's working with them has to have the intimacy to know what does that child need.

Ivette:

Tian, how can intervention help interrupt intergenerational? I mean, what does that person need to think about if a child comes to them with a problem and how can those individuals best handle those situations?

Tian:

Part of resiliency is the ability of a child to mobilize their own support network. Now, that doesn't mean just going to a therapist. It might mean saying there's no money, I need to get a job, I need to get a job and I need to get a bank account. I need to start planning for my future, I need to understand that I do have a future. It's not necessarily always getting help, though getting help is critical, it's whatever can help that child feel independent, feel they can take care of themselves, and feel that they've still got a future. So when we think resiliency, it's not only what's going on in the child, it's what's going on in the child's network. And one bonded relationship is across all the resiliency research. Resilient kids have one person who cares about them, one person who reaches in and drags them out and knows they're alive. So the intervention, anything you can make conscious and bring out of the darkness will give you choice.

Ivette: Cynthia.

Cynthia:

We have to always keep in mind first when we have children from these systems is their safety. Safety is first and then the basic needs. Are they getting food, do they have a place to live, do they have clothing, do they have what they need to go to school. Oftentimes we get involved and wondering about their trauma when their basic needs aren't met and so it's important to do both because without the basic needs met they'll be re-traumatized again. So how do you help these children looking at their basic needs and then looking at their emotional, psychological needs as well.

Ivette:

And when we come back, I want to continue to talk about what resources are available to families who are experiencing generational trauma. We'll be right back.

[Music]

Female VO:

HealthQwest is a network of professionally supervised medical facilities in Georgia for the treatment of addiction to opioids. Their mission is to offer the most effective treatment by providing a caring, compassionate and nurturing environment. Their staff is dedicated, trained and committed to offering only the best individualized treatment from a holistic approach.

Gina Carr, CFO and administrator at HealthQwest Savannah

Gina:

HealthQwest was founded in 2008. We have counseling services under one roof along with the medical and the pharmacy side. Currently we have 4 locations, and we are actually working on our 5th. We have about 50-60 employees and probably about 15-20 pharmacists and we are still expanding and looking for

places that need us. The primary goal here at HealthQwest is to help patients detox off of opiates, whether that is heroin or some type of pain medication that they've received prescribed from a doctor or illicitly on the streets.

Female VO: Travis Morey, Clinical Director, HealthQwest Savannah

Travis:

A lot of those people started using opiates that they either found in their parents' medicine cabinet, they got their first experience doing that.

Female VO: A person in recovery

Female Patient:

As a mother, I am trying to break the patterns of my childhood that my mother had with me when I was growing up.

Female VO: Gina Carr

Gina:

The opiates is what gets them in the door because that's what we treat but there are other issues along with the opiates, normally, and we'll refer them out for help.

Female VO: A person in recovery

Female Patient:

The methadone helps me stay clean on a daily basis and it actually has even taken the use of me wanting to drink away and I have not had anything to drink in over 4 years.

Female VO: Travis Morey

Travis:

The medication is a very small part of what we do here. Counseling and education is the key to success, and what we want to do is we want to make sure that we give the life skills so that a patient can go out in society and live a normal life, and you can't do that in 28 days. It takes time. So 12-18 months sometimes, sometimes longer because we have to teach people how to live all over again. Aggressive counseling is the only thing that really assists with that.

Female VO: Gina Carr

Gina:

Our secondary mission here at HealthQwest is to help decrease any risky behaviors our patients may be exhibiting in their day to day life when they come into treatment. Types of behaviors, IV drug use, unprotected, unsafe sex, risk of

overdose and any illegal activity that may be going on in their life at the time. This is not a cookie cutter type of treatment here.

Female VO: Travis Morey

Travis:

At HealthQwest we want to assist any patient that comes in with any needs they may have whether those are employment needs, educational needs, housing needs. It's the little things like that help someone bring some normalcy to their life, and normalcy is needed before anyone can progress to actually really succeed in recovery.

[Music]

Female VO: Ivette Torres

Ivette:

Cynthia, there's a new term being shared about—it's called multigenerational households. Can you explain a little bit about those and what are some of the issues that that is creating?

Cynthia:

Because of the economy today and also because of family patterns we're seeing people live more together or more connected. We see what we call the sandwich generation. We see people in their 40's, 50's, 60's caring for younger children or teenage children, young adults, and they're also caring for their parents or older persons. And so we see this multigenerational impact or this multigenerational family living or communicating, being responsible for each other happening more today.

Ivette:

Very good. And are there resources—we really haven't started talking about resources for families. What is available to families if indeed they're in a multigenerational setting and on top of that they're experiencing issues of substance and mental disorders?

Cynthia:

So most counties have human services and they have different compartments for that. They have senior specific, they have young adult specific, they'll have mental health services or co-occurring where a person has mental health and addiction diseases, and there's addiction services. So it's important to find out in your community where's your local help and what services do they actually provide.

Ivette:

Tony, Cynthia talked a little bit about the pressures among the generations, but for the middle generation that is trying to take care of both ends, or the sandwich

generation let's call them, what are some of the resources that might be available that can help that person cope?

Tony:

I think it's important for the family members to communicate first. They need to realize that if a teenager is in trouble or if grandpa is in trouble that they can get services in the community. It behooves the sandwich generation people to be aware of what's available in the community. The only way you can find out is to look.

Ivette:

Very good. Tian, sometimes the grandparents are really called upon to really take a more prominent role just on their own and by themselves. Does that create for them a particular situation where they themselves might become at risk of falling into dysfunction themselves with their own situation?

Tian:

I think the grandparents lack energy. We, at our age, don't have the energy to follow toddlers around the way we did, but we love them. So we are fiercely protective of these toddlers and we may go beyond our own capacity in taking care of them. I think the older people need to take extra good care of themselves and recognize their own limitations if they're in charge.

Ivette:

Cynthia, there's a tremendous trend now where older Americans are consuming alcohol at a higher level. Position on top of that having to take care of grandkids or dealing with issues related to family trauma, what happens?

Cynthia:

Well, what happens is that this late onset drinking. So they may never have drank to abuse before in their lives, very productive working, taking care of their family; now they're older, they're home, not working as much kind of trying to understand their own role in society now. And alcohol has a way of reducing the pain and so I may be on a medication and I'm drinking on top of it and I don't understand the synergistic effect of the alcohol with the medication. And so I'm continuing this path and it's causing other medical problems. It may cause problems in the home, I may not be as responsible as I was, I may not be looking after those children the way that I was looking after them before I started this path. So it can be very dynamic in a family situation when people aren't talking about what they're seeing as well so that they can intervene early.

Ivette:

Steven, talk to us about some of the warning signs for these folks that are placed in these scenarios. What can they do in terms of seeking help?

Steven:

While you were asking the question about resources, I thought about the three most recent resources I recommended older family members to. One of them is NAMI, National Association for Mentally Ill. They have branches. I'm sure your people know about them. The second is actually Al-Anon where I've referred people who never would've thought that they should go to Al-Anon meetings to try it out because they will A) learn things about their own family and B) they'll get connected up with a lot of information from other people who are there in the Al-Anon meetings, so that's been very helpful

Ivette:

Very good. When we come back, we will continue with our conversation and with identification of more resources. We'll be right back.

[Music]

Male VO:

For those with a mental or substance use disorder, recovery starts when you ask for help. Join the voices for recovery. Speak up, reach out.

Female VO:

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Female VO: Ivette Torres

Ivette:

So Cynthia, we really have talked about many scenario issues related to families that are experiencing dysfunction, trauma, etc. due to mental and substance use disorders. But is there hope for these families? What can we say to our audience in order for them to really place this in the context of individuals needing to seek help?

Cynthia:

There is hope. Families change, the brain changes. Being with a professional who can help you walk through that and learn the different mechanisms for that is essential. So obviously there's hope. There's millions of people in recovery. Twenty-three million people are in recovery from addictive and mental health disorders across this country. They've found support through 12 step programs, other programs. Going to a trained mental health and substance use disorder counselor is very important because these are the people who know the signs and the symptoms and they know how to help walk you through your recovery and that's essential.

Ivette:

Absolutely. Steven.

Steven:

So I would say the beginning of resources is inside the family and when that happens, you usually find that they then are able to communicate with the provider, for example, and say our family needs help. Once the family confronts the reality of their problem, they're already 25% of the way there because they are ready to take on the system, and they're ready to turn to the provider, the state agency, maybe a hospital, some helper. And I think from there good things can happen.

Ivette:

Who within the family makes that call?

Steven:

Actually, we're talking about someone who has some good coping skills will do it. They're gonna say, grandma, we've got a problem here, mom and dad had a fight again and daddy was drunk. We need help, grandma, can you figure something out? So there's a child doing it. There might be a grandma who does it who calls her daughter and says, I'm really worried, I don't think you told me what happened last week. How come? I want to know the truth. There might be a child actually who's doing it with an uncle. So I would say we can't identify the person, but they better open their mouth and speak some honest truth to another family member.

Tian:

I wanted to underline absolutely everything you said, and if you can get that child to open their mouth. But there is no one way fits all in this. This is an across the board kind of mess, and there are across the board solutions. So one way I do it is experientially I try to give people the ability through role play to talk about what can be talked about, oftentimes casting a surrogate. You can talk to an empty chair representing your mother rather than talking to your mother. You can double behind yourself and become conscious of what's going on in your inner world that is not being spoken from your role comfortably, and through these small interventions remarkable things can happen. Once people get conscious of what's going on and they feel a little ability to open their mouths, miracles can happen.

Ivette:

Very good. Now we get to the point in the show where I'm gonna give you a few moments to give you an opportunity for final thoughts. So we'll start with Steven.

Steven:

Well, banging the same drum that there are both strengths as well as damaged factors inside of children with substance abuse, for parents with substance abuse problems and mental health problems. They have coping skills but they also may have some weaknesses. We have to, as professionals, our job is to be able to distinguish those and to support them. So I'm on the side of what Tony just said which is to watch for those strengths, to recognize the weaknesses, to be able to distinguish the difference and to go for the strengths to help the whole family.

Ivette:
Cynthia?

Cynthia:
I would say recovery is a process. We're not going to—people don't recover overnight. It's a process. It's like peeling an onion, layers and layers, and the layers of family, the layers of trauma, the layers of positive possibilities, the layers of future are all in that onion and it's just important to stay in it. Stay in that recovery process and believe in the hope. And it does happen.

Ivette:
You're a perfect example. Tian.

Tian:
So the Adult Children of Alcoholics Syndrome is a post-traumatic stress disorder in which childhood pain is surfacing in adult relationships. It doesn't get better, it gets worse, so treat it, treat it, treat it. Don't expect it to get better on its own. Head straight to an Al-Anon meeting, head straight to an AA meeting if you think you've got—or NA or whatever, and ask a bunch of questions. Get started, get out the door, don't stop until you get going.

Ivette:
Thank you. Tony.

Tony:
I remember 40 years ago in med school one of my professors said you have to remember two things. Number one, you can't find a fever unless you take a temperature. That means that we need to look for things. We need to actually identify that there's situations that need to be addressed. The second thing was prophetic. Don't go down alone, take all your friends with you. So get the help you need, which means sometimes you do need to have professional help and many families see that as a negative but it's important to rescue the family. Look at your liabilities, look at your assets and make that decision to help your family.

Ivette:
Excellent, and we want to thank you for being here. It was a wonderful experience, and remind our audience that September is **National Recovery Month**. We want you to go to our website, recoverymonth.gov and learn about all the activities that you can put together for 2016 to celebrate **Recovery Month**. I want to thank you for being here. It's been a great, great show. Thank you.

[Music]

Male VO:

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]

END.